

P 0/58/21 (08-04)

OMB 0851-0031

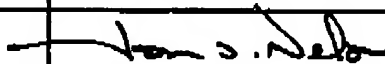
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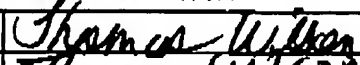
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| | | |
|-----------------------------------------------------------------------------------------|------------------------|------------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/722,169 |
| | Filing Date | November 25, 2003 |
| | First Named Inventor | John W. von Holdt, Jr. |
| | Art Unit | 3727 |
| | Examiner Name | Niki Marina Eloshway |
| Total Number of Pages In This Submission | Attorney Docket Number | 10778.00020 |

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| ENCLOSURES (check all that apply) | | |
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| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply / Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Transmission |
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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--------------------------------------------|-------------------------------------------------------------------------------------|----------|--------|
| Firm | Banner & Witcoff, LTD. | | |
| Signature |  | | |
| Printed Name | Jon O. Nelson | | |
| Date | February 28, 2006 | Reg. No. | 24,566 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
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| Signature |  | | |
| Typed or printed name | Thomas Wilson | Date | 02/28/06 |

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Thomas Wilson

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Thomas Wilson

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Transmittal Form

Fee Transmittal

Petition for Extension of Time, in duplicate

Terminal Disclaimer

Amendment in Response to the Office Action Dated September 27, 2005

Serial No. 10/722,169

Filed: November 25, 2003

Attorney Docket No. 10778.00020

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FACSIMILE TRANSMITTAL SHEET

To:
Examiner Niki Marina Elishway
Art Unit 3727
Mail Stop Amendment
Commissioner for Patents

FROM:
Jon O. Nelson

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COMPANY:
U.S. Patent Office

DATE:
February 28, 2006

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571-273-8300

TOTAL NO. OF PAGES:
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RE:
Serial No. 10/722,169
Filed: November 25, 2003

OUR REFERENCE NO.:
10778.00020

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COMMENTS:

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Effective on 12/08/2004.
Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

Complete If Known

Application Number 10/722,169
Filing Date November 25, 2003
First Named Inventor John W. von Holdt, Jr.
Examiner Name Nikl Marina Elshway
Art Unit 3727
Attorney Docket No. 10778.00020

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☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 575)

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____
☒ Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, L.P.D.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
Under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | — |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | — |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | — |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | — |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | — |

2. EXCESS CLAIM FEES

| Fee Description | Small Entity Fee (\$) | Fee (\$) |
|----------------------------------------------------|-----------------------|----------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 00 |
| Multiple dependent claims | 360 | 80 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|------------------------------------------------------------------------|--------------|----------|---------------|
| — - 20 or HP = | x | = | — |
| HP = highest number of total claims paid for, if greater than 20. | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| — - 3 or HP = | x | = | — |
| HP = highest number of independent claims paid for, if greater than 3. | | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--------------------------------------------------|----------|---------------|
| — - 100 = | / 50 = | (round up to a whole number) x | = | — |

4. OTHER FEE(S)

| | Fees Paid (\$) |
|-----------------------------------------------------------------------------------------------------|----------------|
| Non-English Specification, \$130 fee (no small entity discount) | — |
| Other (e.g., late filing surcharge): Petition for Two Month Extension of Time: Statutory Disclaimer | \$510; \$65 |

SUBMITTED BY

| Signature | Registration No. (Attorney/Agent) | Telephone |
|-------------------|-----------------------------------|--------------|
| Jon O. Nelson | 24,566 | 312.483.5000 |
| Name (Print/Type) | Date | |
| Jon O. Nelson | February 28, 2006 | |

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